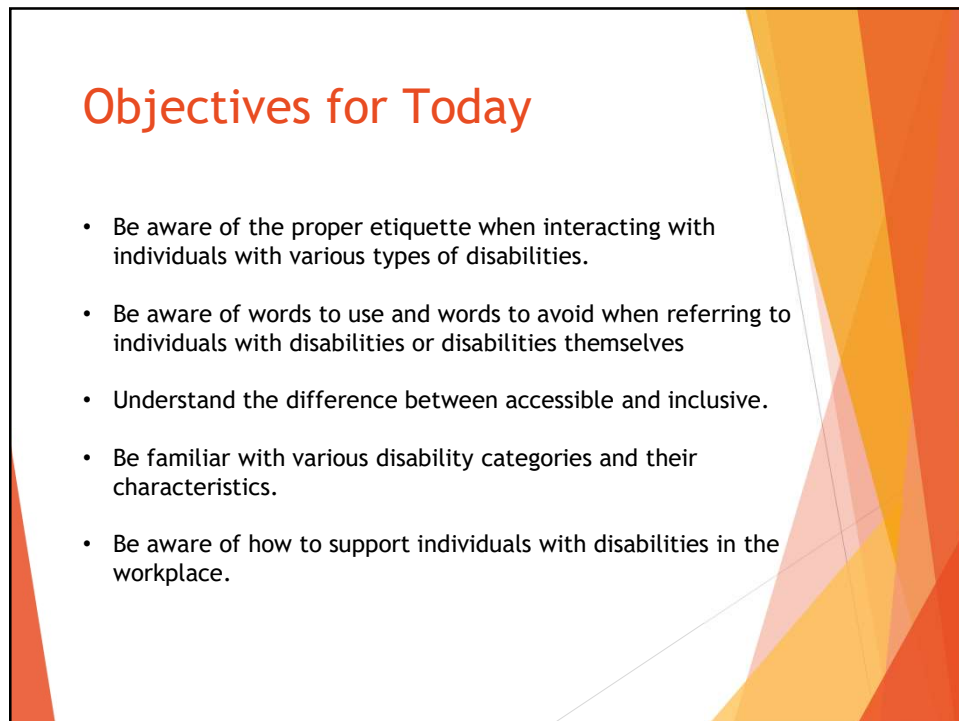




1



2

## Attitudinal Barriers

If you want to understand today, You have to search yesterday.

Pearl Buck

3



Asylum



Institution

Mental Hospital

4

## Misconceptions

- Victims or Objects of Pity
- Horrible or Grotesque
- Burdens
- Evil or threat to comfort and safety of others
- Useless
- Of no value to society
- Forever childlike

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## Disability Facts

- People with disabilities are America's largest minority group , making up 20% of the population.
- 1 in 5 people has a disability
- It is one of the only minority group that you don't have to born into to join.

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According to MarketResearch.com

- 54 million Americans with disabilities represent the third largest market segment in the United States, behind the Baby Boomers and the mature market.

According to a National Survey of Consumer Attitudes

- 92% of Americans view companies hiring people with disabilities more favorably than those that do not.
- 87% would prefer to give their business to companies who hire disabled people. 5% would be willing to switch to a brand associated with a good cause if price and quality were equal.



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## Etiquette Basics

General Strategies for practicing good disability etiquette in the workplace

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## Language

“Change your language and you change your thoughts.”

-Karl Albrecht

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## LANGUAGE

Can create **BARRIERS** or  
**OPPORTUNITIES** for people.

---

Can foster an epidemic of  
**IGNORANCE** or celebrate  
**DIFFERENCES**

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## Terminology

A **disability** is a condition caused by an accident, trauma, genetics or disease which may limit a person's mobility, hearing, vision, speech, mental or cognitive function---the label.

A **handicap** is a physical or attitudinal constraint that is imposed upon a person, regardless of whether that person has a disability-----the impact of the label, condition, or situation.

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**PEOPLE FIRST LANGUAGE**



INCORRECT	CORRECT
HANDICAPPED OR DISABLED PEOPLE	PEOPLE WITH DISABILITIES
HE IS MENTALLY RETARDED OR A MONGOLOID	HE HAS A DEVELOPMENTAL OR INTELLECTUAL DISABILITY
SHE IS WHEELCHAIR-BOUND	SHE USES A WHEELCHAIR
HE IS A CRIPPLE	HE HAS A PHYSICAL DISABILITY
MIDGET OR DWARF	A PERSON OF SHORT STATURE
HE SUFFERS FROM HEARING LOSS	HE IS HARD OF HEARING
NORMAL OR HEALTHY PERSON	PERSON WITHOUT A DISABILITY
HANDICAPPED PARKING OR BATHROOM	ACCESSIBLE PARKING OR BATHROOM
HAS OVERCOME THEIR DISABILITY OR CHARACTERIZED AS INSPIRING	PERSON WHO IS SUCCESSFUL OR PRODUCTIVE
THE BLIND OR SUFFERS FROM VISION LOSS	PERSON WHO IS BLIND OR VISUALLY IMPAIRED

Source: <http://www.independenceinc.org>

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## The Basics

- Put the person first and their disability second-use person first language.
- Don't make assumptions about needs, abilities or limitations.
- Disabilities have varying levels of abilities and limitations.
- Create an environment that permits people with hidden disabilities to disclose if necessary.
- Always ask before helping.
- Treat adults as adults.
- Create an inclusive work environment

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## Accessible VS. Inclusive



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## Key Elements to Inclusion

### **Universal Design/Accessibility**

Construction of structures, spaces, services, communications and resources that are organically accessible to a range of people with and without disabilities, without further need for modification or accommodation.

### **Recruitment, Training and Advancement Opportunities**

Recruitment of people with disabilities involves two components: 1- accessible outreach and hiring practices, 2- targeted recruitment of individuals with disabilities.

### **Policies and Practices**

Consideration and consultation of people with disabilities are involved in the development and implementation of policies. Willingness to make accommodations when necessary.

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## Disability Characteristics and Work Habit Supports



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## Specific Learning Disabilities

**Learning | Disabilities**

A number of disorders which may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information.

Impairments in one or more processes related to **perceiving, thinking, remembering** or **learning**:

- language processing
- phonological processing
- visual spatial processing
- Perceptual motor integration
- processing speed
- memory and attention
- executive functions

May interfere with one or more of the following:

- **oral language** (e.g. listening, speaking, understanding);
- **reading** (e.g. decoding, phonetic knowledge, word recognition, comprehension);
- **written language** (e.g. spelling and written expression); and
- **mathematics** (e.g. computation, problem solving).
- **Organization**
- **Social Skills**

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## Physical Disabilities

A **physical disability** is a limitation on a person's **physical** functioning, mobility, dexterity or stamina. Other **physical disabilities** include impairments which limit other facets of daily living, such as respiratory disorders, blindness, epilepsy and sleep disorders.

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# Traumatic Brain Injury

## More Common Than You Think



**Acquired Brain Injury (ABI)**  
 An injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. The injury results in a change in neuronal activity, which affects the physical integrity, the metabolic activity, or the functional ability of nerve cells in the brain.

**THERE ARE TWO TYPES OF BRAIN INJURY**

**1 Non-Traumatic Brain Injury**  
 Often referred to as an acquired brain injury, non-traumatic brain injuries cause damage to the brain by internal factors, such as a lack of oxygen, exposure to toxins, pressure from a tumor, etc...

**2 Traumatic Brain Injury**  
 An alteration in brain function, or other evidence of brain pathology, caused by an external force. There are two primary mechanisms of TBI; those involving impact to the head (Traumatic Impact), and those involving inertial forces which affect the brain (Traumatic Inertial)

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### ABI: Cause to impact: examples

Cause


Injury

Effects

Specific Impairments

Impacts

Trauma  
Stroke  
Hypoxia/anoxia  
Alcohol  
Infection  
Tumours  
Degenerative diseases



Frontal lobe  
Parietal lobe  
Occipital lobe  
Temporal lobe  
Cerebellum  
Other  
Multiple

Cognitive  
Communication /Language  
Physical/sensory  
Emotional/behavioural

e.g. Memory  
Attention & concentration  
Problem solving  
Planning  
Fatigue  
Disinhibition  
Reduced self control  
Reduced insight

Understanding & communicating  
Mobility  
Self-care  
Marriage/ Partner  
Friendships  
Family  
Leisure  
Work  
Accommodation  
Community participation

www.living-with-attendant-care.info Graphic 3

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## Intellectual Disabilities

*Intellectual disability* is a disability characterized by significant limitations in both **intellectual functioning** and in **adaptive behavior**, which covers many everyday social and practical skills.



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**Adaptive behavior** is the collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives.

- **Conceptual skills**—language and literacy; money, time, and number concepts; and self-direction.
- **Social skills**—interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
- **Practical skills**—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.



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## Autism

**Autism** spectrum disorder (ASD) refers to a group of complex neurodevelopment disorders characterized by repetitive and characteristic patterns of behavior and difficulties with social communication and interaction. The symptoms are present from early childhood and affect daily functioning.



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### "CULTURE OF AUTISM"

- Relative strength in and preference for processing visual information (compared to difficulties with auditory processing, particularly of language)
- Frequent attention to details but difficulty understanding the meaning of how those details fit together
- Difficulty combining ideas
- Difficulty with organizing ideas, materials, and activities
- Difficulties with attention. (Some individuals are very distractible, others have difficulty shifting attention when it is time to make transitions)
- Difficulty with concepts of time, including moving too quickly or too slowly and having problems recognizing the beginning, middle, or end of an activity



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- Communication problems, which vary by developmental level but always include impairments in the social use of language (called “pragmatics”).
- Tendency to become attached to routines, with the result that activities may be difficult to generalize from the original learning situation and disruptions in routines that are upsetting, confusing, or uncomfortable.
- Very strong interests and impulses in engaging in favored activities, with difficulties disengaging once engaged.
- Marked sensory preferences and dislikes.



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## Strategy 1: Clear and Consistent Communication

- Use clear language
- Communicate 1 main idea
- Do not “suggest” or “imply”
- Avoid jargon, acronyms, and abbreviations
- Check for understanding.
- Be aware of body language and facial expressions.



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## Strategy 2: Be aware of on and off the job supporters

- On the job: working with the transition team
  - Task lists
  - Work design
  - Specific strategies
  - Establish Performance Expectations
- Off the job: working with transition team, independent living supports, family members, residential staff, mental health providers, etc.



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## Strategy 3: Get to know each other

- Demonstrate respect by saying hello, goodbye, please, and thank you
- Let the employee know about your own interests and hobbies outside of work
- Be sure to introduce the employee to coworkers
- Make sure the individual is included in meetings and social gatherings.



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### Strategy 4: Facilitating Co-worker Supports

- Let the employee know where their co-workers eat lunch
- Make sure the employee is included in workday celebrations (ex. birthday celebrations) and out of work activities (ex. the office softball team or community service).
- Be a “bridge” between the employee with an intellectual or developmental disability and other employees.



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### Strategy 5: Work Directly on Project Together

- Be involved in the same projects as the employee.
- Attend staff meetings with the employee.
- Check in with co-workers to see what they think is working well and is not working well for the employee.



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# Tips from Employees with Disabilities



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## Tip 1: Support New Skills and Abilities

- Know whether or not your employee can pick up a new job responsibility on the “fly” or may need more support and training.
- Know what you are going to ask your employee to do before they ask you what they should do next.
- Know who is the best person to provide instruction on a new task.
- Know the best way to give the employee instructions: verbal, written, hands-on demonstration, or video.
- Consider developing a checklist in written, picture, or another format that can easily be reordered.



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## Tip 2: Facilitate Natural Supports

- Develop a clear job description.
- Help the employee manage their time.
- Have a regularly scheduled check in meeting with the employee also supports time management.
- Set the expectation that the employee start each work day checking email, voicemail or message board.
- Support the use of scheduling technology such as Google Calendar.
- Use of other technology as needed



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## Tip 3: Use Typical Office Technology

- Ask what tools the employee uses outside of the office.
- Request support from their transition team and/or from NC and Tribal Department of Vocational Rehabilitation.



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## Tip 4: Take a Long Term View

- Mentor the employee.
- Help the employee report and track their professional growth.
- Conduct formal performance evaluations to identify professional development and leadership experiences.
- Expect success.



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<https://www.youtube.com/watch?v=wT9PdS9hPFs>

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